

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

10/581236

6-2-06

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2						
3		2				
4		1				
5	1		1			
6		1				
7						
8						
9						
10		1				
11	1		1			
12	1		1			
13	1		1			
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50						
TOTAL IND.				5		
TOTAL DEP.				8		
TOTAL CLAIMS				13		